# Fax Cover Sheet

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| **To**: [insert Addressee] |
| Fax number: |  | Total pages:(including this cover) |  |
| Phone number: |  | Date: |  |
| Attention: |  |
| From:  | Data Processing Officer, National Cancer Screening Register | **Return fax number:** | 1800 627 702 |

Dear [insert Addressee],

Thank-you for your recent request for screening histories for multiple participants from the National Cancer Screening Register (NCSR). In order for the NCSR to provide you with this information we require you to complete the attached form and fax back at your earliest convenience.

We require this in order to increase the possibility of locating and verifying the participants on the NCSR and to ensure that the information provided to you is in accordance with the National Cancer Screening Register Act 2016.

If you require any further information or a soft copy of the request template attached, please contact us on 1800 627 701.

Yours sincerely,

**Data Processing Team**

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| **If you are not the intended recipient of this fax, please immediately ring 1800 627 701 and securely dispose of this fax.** |
| This document may contain confidential and personal information and is intended for the named recipient only.  If you have received this document in error, you must not keep, distribute, copy, use or rely on this fax, and any such action is unauthorised and prohibited.  Personal information in this document may only be collected and used in accordance with the National Cancer Screening Register Act 2016 and the National Cancer Screening Register Privacy Policy.  If you require any information about the Register’s privacy policy, please visit www.ncsr.gov.au or contact the NSCR Contact Centre on 1800 627 701. |

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| Laboratory Full Name |  | Laboratory NATA Number |  |
| **Laboratory Address:**  |
| **Name of Requesting Staff Member:** |

I wish to request the cervical screening histories of my patients listed in the table below. I am requesting this information from the NCSR for the purposes of cervical screening management.

| IHI  | Medicare/DVA | First Name | Surname | DOB | Address | Suburb | Postcode |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1234567891234567 | 98765412456 | Sample | Test | 02.02.1988 | 123 Test St | Sample South | 1234 |
|  |  |  |  |  | 345 Test st | Sample North | 3456 |
|  | 98765412000 | Sample | Test | 03.03.1950 | 678 test st | Sample East | 0000 |
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